



FreedomFirst

Credit Union

PAYROLL ALLOCATION FORM

☐ New ☐ Change ☐ Cancel

Name _____
PLEASE PRINT Last First MI

Member Number _____ Employer _____

Home Phone Number _____ Work Phone Number _____

Total Payroll Deduction \$ _____ Effective Date _____

DISTRIBUTE AS FOLLOWS:

Member #	ID #	Amount	Schedule*	SCHEDULE OPTIONS:
_____	_____	_____	_____	Weekly
_____	_____	_____	_____	Bi-Weekly
_____	_____	_____	_____	Semi-Monthly
_____	_____	_____	_____	Monthly
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Member Signature _____ Date _____

FREEDOM FIRST OFFICE USE ONLY:	
Completed by _____	Date _____